

Instructions for Completing Application for Employment

Carefully Read the Following Instructions and the Vacancy Announcement Before You Complete this Application

THIS APPLICATION IS REQUIRED FOR CERTAIN EMPLOYMENT OPPORTUNITIES IN THE DEPARTMENT OF STATE. TYPE OR PRINT CLEARLY IN BLACK INK. NOTE: Illegible statements on the application form may hinder full consideration of your application. Data on the application form are read by computer. Using care while filling in the form will speed processing of your application. **TYPING IS PREFERRED.** If you plan to type this application, **first fill in the boxes** (items #10, 11, 12, etc.) with black ink. If you plan to handwrite, print carefully and close letters.

Before completing this application, determine from the appropriate office if applications are being accepted for the position in which you have an interest and, if so, obtain a vacancy announcement from that office. In addition to describing the job, the announcement will help you determine if you have the appropriate qualifications and how to present them, advise whether any additional application documents are needed, and explain how to submit the application and any supplemental documents.

You must submit at least the following parts of this application (refer to the vacancy announcement for complete instructions on what to submit): one Page 3, one Page 4, and one Page 5. On each Page 4 and 5 you submit, enter your Social Security Number and up to the first 18 characters of your last name. You may submit more than one Page 4 depending on the number of experience blocks you need, but only one Page 5.

When completing date (except item # 18- "Date of Diploma/GED" and items #19 & 20 - "Date of Degree"), use the following format: 03-08-1994.

Answer all questions fully and correctly. Otherwise, you may delay the review of your application and exclude yourself from consideration for employment. See the vacancy announcement for the fax number and/or mailing instructions and for any required additional submissions and attachments. You must keep a copy of this application with an original signature. At some point in the selection process, you may be asked to submit original copies of your application and attachments. If you plan to make copies of your application, we suggest you leave items #9, 24 and 25 blank, so you can use this application for future vacancies. Complete these blank items each time you apply. **YOU MUST SIGN AND DATE, IN INK, EACH COPY YOU SUBMIT.**

SPECIFIC INSTRUCTIONS

Page 3

#5. If applicable, include your apartment number at the end of your street address.

#6, 7. Include area codes for all phone numbers. Use the following format: 202-555-1234.

#12. If you are a male and were born prior to December 31, 1959, you should NOT answer item # 12.

#13. **DO NOT LEAVE ITEM #13 BLANK.** If you do not claim veterans' preference, mark the "No Preference" box. You cannot receive veterans' preference if you are retired or plan to retire at or above the rank of major or lieutenant commander, unless you are disabled or retired from the active military Reserve. To receive veterans' preference, your separation from active duty must have been under honorable conditions. This includes honorable and general discharges. A clemency discharge does not meet the requirements of the Veterans' Preference Act. Active duty for training in the military Reserve and National Guard programs is not considered active duty for purposes of veterans' preference.

To qualify for preference, you must meet ONE of the following conditions:

1. Served on active duty anytime between December 7, 1941 and July 1, 1955; (If you were a Reservist called to active duty between February 1, 1955 and July 1, 1955, you must meet condition 2, below.) **or**
2. Served on active duty any part of which was between July 2, 1955 and October 14, 1976 or a Reservist called to active duty between February 1, 1955 and October 14, 1976 and who served more than 180 days; **or**
3. Entered on active duty between October 15, 1976 and September 7, 1980 or a Reservist who entered on active duty between October 15, 1976 and October 13, 1982 and received a Campaign Badge or Expeditionary Medal or are a disabled veteran; **or**
4. Enlisted in the Armed Forces after September 7, 1980 or entered active duty other than by enlistment on or after October 14, 1982 **and:**
 - a. Completed 24 months of continuous active duty, or the full period called, or ordered to active duty, or were discharged under 10 U.S.C.1171, or for hardship under 10 U.S.C. 1173, **and** received or were entitled to receive a Campaign Badge or Expeditionary Medal; **or**
 - b. Are a disabled veteran.

If you meet one of the previous four conditions, you qualify for 5-Point Preference. If you want to claim 5-Point Preference and do not meet the requirements for 10-Point Preference, mark the box next to "5-Point Preference."

Instructions for Completing Application for Employment (Con't)

(Item #13 continued)

If you think you qualify for "10-Point Preference", review the requirements described in Standard Form (SF) 15, Application for 10-Point Veterans' Preference. The SF-15 is available from any Federal Job Information Center. If you claim "10-Point Preference", mark the box next to "10-Point Preference." The 10-Point Preference groups are:

- Non-Compensably Disabled or Purple Heart Recipient.
- Compensably Disabled (less than 30%).
- Compensably Disabled (30% or more).
- Spouse, Widow(er) or Mother of a deceased or disabled veteran.

To receive "10-Point Preference", you must send in a completed SF-15 with the proof requested in the SF-15.

#16, 17. Mark only one box per item. For # 16, indicate the highest level of education you have completed. For # 17, mark the box that most closely indicates your present status.

#18, 19, 20. List the most recently attended schools for each of these items. On Page 5, you have more space to list schools where you received additional degrees or certificates, such as from Vocational/Technical programs. Use the following format for "Date of Diploma/GED" and "Date of Degree": mm-yyyy (e.g. 04-1994). For "Date From" and "Date To" use mm-yyyy (e.g. 04-2000).

#22. Rate your proficiency for speaking and reading languages other than English. Be sure to include the two languages in which you have the highest proficiencies. If you wish to list more than two languages in which you have proficiency, give details in the "Continued Items" area on Page 5. Rate your proficiency using the codes listed below:

Proficiency Code	Speaking Definitions	Reading Definitions
0-No Practical Proficiency	No practical speaking proficiency	No practical reading proficiency.
1-Elementary Proficiency	Able to satisfy routing travel needs and minimum courtesy requirements.	Able to read some personal and place names, street signs, office and shop designations, numbers and isolated words and phrases.
2-Limited Working Proficiency	Able to satisfy routine social demands and limited work requirements.	Able to read simple prose, in a form equivalent to typescript or printing, on subjects within a familiar context.
3-Minimum Professional Proficiency	Able speak the language with sufficient structural accuracy and vocabulary to participate effectively in most formal and informal conversations on practical, social, and professional topics.	Able to read standard newspaper items addressed to the general reader, routine correspondence, reports, and technical materials in the individual's special field.
4-Full Professional Proficiency	Able to use the language fluently and accurately on all levels pertinent to professional needs.	Able to read all styles and forms of the language pertinent to professional needs.
5-Native or Bilingual Proficiency	Equivalent to that of an educated native speaker.	Equivalent to that of an educated native.

Pages 4 & 5

Fill in your employment, unemployment, and education activities, **beginning with the present and working backwards 10 years**. Label each experience with a consecutive letter (A, B, C, D, etc.) beginning with the letter "A" in the first "Experience Block". **INCLUDE ALL:** full-time work, part-time work, temporary work, paid work, unpaid work, active military duty, self-employment, periods of unemployment, educational activities (for unpaid activities, leave the salary blocks blank). You may also include any other experience prior to the past 10 years which you feel would be relevant to the position for which you are applying. If you had a significant change of duties or responsibilities while you worked for the same employer, describe each major change as a separate experience. If specific experience continues to the present, mark the box for "Present" **and do not mark the "Date To" blocks.**

PRIVACY ACT STATEMENT

Section 1104 of Title 5 of the U.S. Code allows Federal agencies to rate applicants for Federal jobs. We need the information you put on this application form to see how well your education and work skills qualify you for a Federal job. We also need information on matters such as citizenship and military service to see whether you are affected by laws we must follow in deciding who may be employed by the Federal Government.

Executive Order 9397 authorizes solicitation of your Social Security Number (SSN) for use as an identifier in personnel records management, thus ensuring proper identification of applicants throughout the selection and employment process. The information we collect by using your SSN will be used for employment purposes and also may be used for studies, statistics, and computer matching to benefit payment files. Furnishing your SSN or any of the other data specified in the vacancy announcement, is voluntary. However, failure to do so may prevent timely processing of your application or may prevent consideration for the vacancy.

Note: If you receive the application form by fax and the four corner boxes are cut off at the top or bottom of any page, please contact the sending office to resend the fax or request a form by mail. The form may not read properly if the boxes are not intact.



U.S. Department of State Application for Employment

*OMB Approved No. 1405-0139
Expires 05-31-2005
Estimated Burden 30 Minutes

<input type="checkbox"/> Mr. 1. Name (Last, First, MI)			
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.			
2. Other Names Ever Used (maiden, nicknames, etc.)		3. Date of Birth (mm-dd-yyyy)	4. Social Security Number
5. Current Address (include apartment number, if any)			
5a. City	5b. State (2 Letters)	5c. ZIP/Postal Code (ZIP +4)	5d. E-Mail Address
5e. Country (if not United States)		6. Current Home Phone (include Area Code)	6a. Current Work Phone (include Area Code)
7. Permanent Address (include apartment number, if any)			
7a. Permanent City		7b. State (2 Letters)	7c. ZIP/Postal Code (ZIP +4)
7d. Permanent Country (if not United States)		7e. Permanent Home Phone (include Area Code)	
8. Indicate Title, Position or Program you are applying for.		Job Announcement Number	9. Lowest Acceptable Annual Salary Or Grade Level
10. Are you available for: (Select all appropriate)		11. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Full-Time?	<input type="checkbox"/> Shift Work?	Is your spouse/cohabitant a U.S. Citizen?	
<input type="checkbox"/> Temporary/Part-Time?	<input type="checkbox"/> Flexible Work Schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Overtime?	<input type="checkbox"/> World Wide Assignment?	If "NO", enter the country of his/her citizenship.	
		12. If you are a male born after December 31, 1959, have you registered with the Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		13. Veteran's Preference <input type="checkbox"/> No Preference <input type="checkbox"/> 5-Point Preference <input type="checkbox"/> 10-Point Preference	
14. Were you ever employed as a civilian by the Federal Government? If "YES" mark all that apply.		15. Do you have a relative working for the Agency for which you are applying? If "YES", give details on Page 5.	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Temporary <input type="checkbox"/> Career-Conditional <input type="checkbox"/> Career <input type="checkbox"/> Excepted			
Do you receive, or have you ever applied for retirement pay, pension or other pay based on military, Federal civilian, or District of Columbia Government service? <input type="checkbox"/> Yes <input type="checkbox"/> No		16. Highest Education Level Completed	
		<input type="checkbox"/> 10 <input type="checkbox"/> College: 2 <input type="checkbox"/> Graduate Studies	
		<input type="checkbox"/> 11 <input type="checkbox"/> College: 3 <input type="checkbox"/> Masters	
		<input type="checkbox"/> 12/GED <input type="checkbox"/> College: 4 <input type="checkbox"/> Professional Degree	
		<input type="checkbox"/> Vo/Tech Prog. <input type="checkbox"/> College: AA <input type="checkbox"/> JD/other law degree	
		<input type="checkbox"/> College: 1 <input type="checkbox"/> College: BA/BS <input type="checkbox"/> Doctorate	
		17. Current Student Status <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/> Not a Student	
18. High School Name		City, State, ZIP Code	Date of Diploma/GED (mm-yyyy)
19. Undergraduate Institution		Date of Degree (mm-yyyy)	20. Graduate Institution
Date of Degree (mm-yyyy)		Date of Degree (mm-yyyy)	Date of Degree (mm-yyyy)
City, State, ZIP Code, Country (if not U.S.)		Grade Point Avg. (on 4.0 scale)	City, State, ZIP Code, Country (if not U.S.)
Grade Point Avg. (on 4.0 scale)		City, State, ZIP Code, Country (if not U.S.)	Grade Point Avg. (on 4.0 scale)
Major Minor		Number of credit hours completed	Major Minor
Number of credit hours completed		Number of credit hours completed	Number of credit hours completed
Date From (mm-yyyy) Date To (mm-yyyy)		Date From (mm-yyyy) Date To (mm-yyyy)	Date From (mm-yyyy) Date To (mm-yyyy)
<input type="checkbox"/> Quarter hours completed <input type="checkbox"/> Semester hours completed		<input type="checkbox"/> Quarter hours completed <input type="checkbox"/> Semester hours completed	<input type="checkbox"/> Quarter hours completed <input type="checkbox"/> Semester hours completed
21. Do you have or have you had a Security Clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No		22. First Foreign Language Proficiency (See Codes Page 2)	
If "YES", what type of clearance and who issued the clearance?		Second Foreign Language Proficiency (See Codes Page 2)	
		Speaking Proficiency Reading Proficiency	
		Speaking Proficiency Reading Proficiency	
		<input type="checkbox"/> S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
23. List any special skills (e.g. computer), experiences, current licenses, honors, awards, special accomplishments, and/or training (with date completed) relating to the position for which you are applying. Continue on Page 5, if necessary.		24. Original Signature (SIGN IN INK) I certify that all of the information on and attached to this application is true, correct, complete, and made in good faith.	
		Signature	
		25. Date Signed (mm-dd-yyyy)	

*The response time is an estimated average including the time needed to look for, get and provide the information required. You do not have to provide the information requested if the OMB approval has expired. We would appreciate any comments on the estimated responses and cost burdens, and recommendations for reducing them. Please send your comments to A/RPS/DIR, U.S. Department of State, Washington, DC 20520.

U.S. Department of State
Application for Employment (Con't)

Social Security Number _____ Last Name _____

Experience Block <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	Type of Experience <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> Unemployed <input type="checkbox"/> Education	Full-Time/Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time If P/T, hours per week <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	Exact Title of Your Job <div style="border: 1px solid black; width: 100%; height: 40px; margin: 0 auto;"></div> Date From (mm-dd-yyyy) _____	To	Starting Salary _____ <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr If present experience, mark box and leave "Date To" blank. <input type="checkbox"/> Present	Ending Salary _____ <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr Date To (mm-dd-yyyy) _____
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Employer's Name and Address (include ZIP Code, if known)	If Federal employment, civilian or military, list series, grade or rank, and if promoted in this job, indicate the date of your last promotion.
Supervisor's Name, Area Code and Telephone Number	

Describe your duties and accomplishments (include any knowledge, skills, and abilities listed in the vacancy announcement that you have gained from this work experience).

Experience Block <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	Type of Experience <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> Unemployed <input type="checkbox"/> Education	Full-Time/Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time If P/T, hours per week <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	Exact Title of Your Job <div style="border: 1px solid black; width: 100%; height: 40px; margin: 0 auto;"></div> Date From (mm-dd-yyyy) _____	To	Starting Salary _____ <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr If present experience, mark box and leave "Date To" blank. <input type="checkbox"/> Present	Ending Salary _____ <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr Date To (mm-dd-yyyy) _____
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Employer's Name and Address (include ZIP Code, if known)	If Federal employment, civilian or military, list series, grade or rank, and if promoted in this job, indicate the date of your last promotion.
Supervisor's Name, Area Code and Telephone Number	

Describe your duties and accomplishments (include any knowledge, skills, and abilities listed in the vacancy announcement that you have gained from this work experience).

U.S. Department of State
Application for Employment (Con't)

Social Security Number _____	Last Name _____
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Experience Block <div style="border: 1px solid black; width: 40px; height: 40px; margin: 10px auto;"></div>	Type of Experience <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> Unemployed <input type="checkbox"/> Education	Full-Time/Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time If P/T, hours per week <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>	Exact Title of Your Job <div style="border: 1px solid black; width: 200px; height: 40px; margin: 5px auto;"></div> Date From (mm-dd-yyyy) _____	Starting Salary _____ <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr If present experience, mark box and leave "Date To" blank. <input type="checkbox"/> Present	Ending Salary _____ <input type="checkbox"/> Hr <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr Date To (mm-dd-yyyy) _____
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Employer's Name and Address (include ZIP Code, if known)	If Federal employment, civilian or military, list series, grade or rank, and if promoted in this job, indicate the date of your last promotion.
Supervisor's Name, Area Code and Telephone Number	

Describe your duties and accomplishments (include any knowledge, skills, and abilities listed in the vacancy announcement that you have gained from this work)

Continued Items from Page 3

Item 15 continued. Include: *father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.*

Items 19 & 20 continued. Other schools and/or certificate programs where degrees were received or vocational, technical or armed forces schools where certificates were received and not listed in blocks #19 or 20. Include all information as requested in blocks #19 & 20.

Name	Relationship	
Item 22 continued.		
Language	Speaking Proficiency	

Item 23 continued. List special skills, awards, accomplishments and/or training .

AUTHORIZATION TO FURNISH INFORMATION

I hereby authorize the U.S. Department of State to furnish to any organization or individual who is a potential funding source or organization all the information I have furnished on this form, any official financial aid statement from any college or university, and any other information I have provided with respect to my application for this position with the U.S. Department of State.

Signature

Date (mm-dd-yyyy)

U.S. Department of State
Application for Employment (Con't)
Employment Data

General instructions: The information from this survey is used to help ensure that agency personnel practices meet the requirements of Federal law. Your responses are voluntary. Please answer each of the questions to the best of your ability. Please print entries in pen. Be sure to read each item thoroughly before completing this form.

Mr. 1. Name (*Last, First, MI*)
 Mrs.
 Ms. _____

2. Social Security Number _____ 3. Position for which you are applying _____

4. Job Announcement Number _____ 5 (a). Is this a Student Program position? Yes No
 (b). If "YES", do you intend to enroll or continue to be enrolled in a college or university immediately after completing the program? Yes No

6. Have you ever taken the Foreign Service Officer Examination? Yes No

7. Race and Ethnicity Identification (Voluntary). The race and ethnic categories for federal statistics and administrative reporting are defined below. Please identify yourself in terms of one or more of the following categories by marking the appropriate box(es).

(1) American Indian or Alaska Native (4) Hispanic or Latino
 (2) Asian (5) Native Hawaiian or Other Pacific Islander
 (3) Black or African American (6) White

Note: Race is defined by the Equal Employment Opportunity Commission as follows:

1. American Indian or Alaska Native A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

2. Asian A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

3. Black, or African American A person having origins in any of the black racial groups of Africa. This category includes terms such as "Haitian" or "Negro" as well as "Black" or "African American."

4. Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. This category includes the term "Spanish origin," as well as "Hispanic" or "Latino."

5. Native Hawaiian or Other Pacific Islander A person having origins in any of the original peoples of a Hawaii, Guam, Samoa, or other Pacific Islands.

6. White A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

8. Do you have a Disability? (Voluntary) Yes No [][] (see Page 7 for codes)

Self-identification of disability status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only. While self-identification is voluntary, your cooperation in providing accurate information is critical.

Definition of a Disability: A person is disabled if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. Those disabilities that are to be reported are listed on page 7. In the case of multiple impairments, choose the code which describes the impairment that would result in the most substantial limitation on this job.

9. If employed, describe Field of Work. (Mark the appropriate box(es))

<input type="checkbox"/> Administrative/Management	<input type="checkbox"/> Media/Journalism
<input type="checkbox"/> Economics/Marketing	<input type="checkbox"/> Fine Arts
<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Scientific/Technical
<input type="checkbox"/> International Trade	<input type="checkbox"/> Clerical and Related
<input type="checkbox"/> Law	<input type="checkbox"/> Sales/Service
<input type="checkbox"/> Teaching	<input type="checkbox"/> Military
<input type="checkbox"/> Federal Government	<input type="checkbox"/> Other _____
<input type="checkbox"/> Foreign Affairs	<i>(Please specify)</i>

10. Years of Full-Time Work Experience [][]

11. Years of Overseas Experience [][]

12. Overseas Experience

<input type="checkbox"/> Student	<input type="checkbox"/> Military
<input type="checkbox"/> Dependent	<input type="checkbox"/> Government
<input type="checkbox"/> Peace Corps	<input type="checkbox"/> Other _____
<i>(Please specify)</i>	

13. How did you learn about the job for which you are applying? (*You may select up to 3 choices*)

<input type="checkbox"/> Private Information Service	<input type="checkbox"/> State Employment Office (Job Service)	<input type="checkbox"/> Agency Diplomat-in-Residence
<input type="checkbox"/> Magazine	<input type="checkbox"/> Agency Human Resources Dept. (Bulletin Board or Other Announcement)	<input type="checkbox"/> School or College Counselor or other official
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Military Transition Assistance Program	<input type="checkbox"/> Federal, State or Local Job Information Center
<input type="checkbox"/> Radio	<input type="checkbox"/> Agency or other Federal Government Recruiter at School or College	<input type="checkbox"/> Friend or Relative Working for Agency
<input type="checkbox"/> TV	<input type="checkbox"/> Agency Web site	<input type="checkbox"/> Friend or Relative not Working for Agency
<input type="checkbox"/> Poster	<input type="checkbox"/> Other Web site (Please specify)	<input type="checkbox"/> Religious organization
<input type="checkbox"/> Private Employment Office	_____	<input type="checkbox"/> Other (<i>Please specify</i>)

Application for Employment (Con't)
Employment Data Self-Identification of Disability

<p>01. I do not wish to identify my disability.</p> <p>05. I do not have a disability.</p> <p>06. I have a disability but it is not listed below.</p> <p>SPEECH IMPAIRMENTS</p> <p>13. Severe speech malfunction or inability to speak; hearing is normal (Example: defects of articulation [unclear language sounds]; stuttering; aphasia [impaired language function]; laryneectomy [removal of the "voice box"])</p> <p>HEARING IMPAIRMENTS</p> <p>15. Hard of hearing (Total deafness in one ear or inability to hear ordinary conversation, correctable with a hearing aid)</p> <p>16. Total deafness in both ears, with understandable speech</p> <p>17. Total deafness in both ears, and unable to speak clearly.</p> <p>VISION IMPAIRMENTS</p> <p>22. Ability to read ordinary size print with glasses, but with loss of peripheral (side) vision (Restriction of the visual field to extent that mobility is affected -"Tunnel vision")</p> <p>23. Inability to read ordinary size print, not correctable by glasses (Can read oversized print or use assisting devices such as glass or projector modifier)</p> <p>24. Blind in one eye</p> <p>25. Blind in both eyes (No usable vision, but may have some light perception)</p> <p>MISSING EXTREMITIES</p> <p>27. One hand</p> <p>28. One arm</p> <p>29. One foot</p> <p>32. One leg</p> <p>33. Both hands or arms</p> <p>34. Both feet or legs</p> <p>35. One hand or arm and one foot or leg</p> <p>36. One hand or arm and both feet or legs</p> <p>37. Both hands or arms and one foot or leg</p> <p>38. Both hands or arms and both feet or legs.</p> <p>NONPARALYTIC ORTHOPEDIC IMPAIRMENTS (Because of chronic pain, stiffness, or weakness in bones or joints, there is some loss of ability to move or use a part or parts of the body.</p> <p>44. One or both hands 47. One or both legs</p> <p>45. One or both feet 48. Hip or pelvis</p> <p>46. One or both arms 49. Back</p> <p>57. Any combination or two or more parts of the body</p> <p>PARTIAL PARALYSIS (Because of brain, nerve, or muscle problem, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including legs, arms, and/or trunk.</p> <p>61. One hand 64. Both hands</p> <p>62. One arm, any part 65. Both legs, any part</p> <p>63. One leg, any part 66. Both arms, any part</p>	<p>67. One side of body, including one arm and one leg</p> <p>68. Three or more major major parts of the body (arms and legs)</p> <p>COMPLETE PARALYSIS (Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)</p> <p>70. One hand 76. Lower half of body, including legs.</p> <p>71. Both hands 77. One side of body, including one arm and one leg.</p> <p>72. One arm 78. Three or more major parts of the body (arms and legs)</p> <p>73. Both arms</p> <p>74. One leg</p> <p>75. Both legs</p> <p>OTHER IMPAIRMENTS</p> <p>80. Hear disease with no restriction or limitation of activity (History or heart problems with complete recovery)</p> <p>81. Heart disease with restriction or limitation of activity</p> <p>82. Convulsive disorder (e.g., epilepsy)</p> <p>83. Blood diseases (e.g., sickle cell anemia, leukemia, hemophilia)</p> <p>84. Diabetes</p> <p>86. Pulmonary respiratory disorders (e.g., tuberculosis, emphysema, asthma)</p> <p>87. Kidney dysfunctioning (e.g., if dialysis [Use of an artificial kidney machine] is required)</p> <p>88. Cancer-a history of cancer with complete recovery</p> <p>89. Cancer-under surgical and/or medical treatment</p> <p>90. Mental retardation (A chronic and lifelong condition involving a limited ability to learn to be educated, and to be trained for useful productive employment as certified by a State Vocational Rehabilitation agency under section 213.3102(t) of Schedule A</p> <p>91. Mental or emotional illness (A history of treatment for mental or emotional problems.</p> <p>92. Severe distortion of limbs and/or spine (e.g., dwarfism, kyphosis [severe distortion of back])</p> <p>93. Disfigurement of face, hands, or feet (e.g., distortion of features on skin, such as those caused by burns, gunshot injuries, and birth defects [gross facial birthmarks, club feet, etc])</p> <p>94. Learning disability (A disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts [spoken or written]; e.g., dyslexia).</p>
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